

**Aims:** It is a NICE requirement that we audit our rate of incompletely excised skin malignancies. Most published series focus on BCCs. At present there is very little to benchmark overall completeness of skin malignancy excision. In this study we review the completeness of primary skin malignancy excision of 1 consultant team over a 12 month period.

**Methods:** A prospective analysis of skin pathology reports was undertaken for a 12-month period from January to December 2009. We examined diagnosis, margins of excision and completeness of skin cancer surgery.

**Results:** 146 primary malignant lesions were excised, these comprised: 47 BCCs, 55 primary melanomas, 12 metastatic melanomas, 25 SCCs, and 7 other cutaneous malignancies. 10 of these were incompletely excised. This resulted in an overall 6.8% incomplete excision rate. This is 4.2% for BCCs.

**Conclusions:** Incompletely excised skin cancers may require further treatment and cause patient distress and morbidity. We present 1 consultant team's results. The BCC excision rate is low and in keeping with other published series. We will discuss the difficulties of accurate data collection.

#### 0720 INVESTIGATION OF THE PREVALENCE OF CLOTTING ABNORMALITIES IN OBSTRUCTIVE JAUNDICE: IS VITAMIN K ADMINISTRATION JUSTIFIED?

Amy Lord, Paul Hurley, Catherine Gallagher, Rachael Pocock, Guy Worley. *Croydon University Hospital, London, UK*

**Aims:** Our hospital protocol is to give vitamin K to all patients with obstructive jaundice. This study aims to investigate the true prevalence of clotting abnormalities within this population.

**Methods:** a retrospective analysis of the blood results of patients with obstructive jaundice within the past year was undertaken. The patients were identified from a list of those who had had an MRCP. Patients without obstructive jaundice (bilirubin <20), without all results available or with other causes of deranged clotting (e.g. warfarin therapy) were excluded from the study.

**Results:** the study included 72 patients. INRs ranged from 0.91–2.76. The mean was 1.17 and median was 1.12. A total of 7 patients (9.7%) had an INR of greater than 1.4, which is a commonly accepted maximum for ERCPs to be safely performed.

**Conclusion:** The majority of patients with obstructive jaundice do not have impaired clotting. Other studies have in fact found that a majority show evidence of hypercoagulability. In the study population in our hospital less than 10% of patients had significantly deranged clotting making it difficult to justify vitamin K administration. Vitamin K should perhaps be reserved for those patients undergoing ERCP or other invasive procedures with demonstrated clotting abnormalities.

#### 0721 AUDIT OF OPERATING TIME AND IN-PATIENT STAY FOR ORTHOGNATHIC SURGERY PATIENTS

David Graham, David Koppel. *Southern General Hospital, Glasgow, UK*

**Background:** Facial deformity in maxillofacial surgery is largely treated utilising 3 procedures: bilateral sagittal split mandibular osteotomy (BSSO) Le Fort 1 maxillary osteotomy (LFI) and a bimaxillary procedure combining the 2 (Bimax) A large multicentre prospective study has recently benchmarked operating times and in-patient stay for these procedures.

**Aims/Objectives:** A retrospective audit of all orthognathic surgical procedures in the West of Scotland Regional Unit during 2010 was carried out to examine our standards

**Methods:** Data was collected from paper & electronic case records. Complex craniofacial and mid-face procedures were excluded.

**Results:** Demographics - total numbers = 91 F 63 M 28. LFI 37, BSSO 23, Bimax 31. Age 12–47 yrs (mean 23.19) Operating time LFI 0.92–4.78 Hrs (mean 2.37) BSSO 1.0–4.33 Hrs (mean 2.58) Bimax 2.9–6.25 Hrs (mean 3.96) In-patient stay LFI 84% 2 nights or less, BSSO 73% 2 nights or less Bimax 87% 3 nights or less.

**Discussion/Conclusion:** These results are comparable to the published benchmarks, with a small number of outliers. This data is useful in

planning theatre utilisation and bed occupancy more efficiently. It is intended to continue a prospective data collection to identify reasons for the small number of outliers.

#### 0723 AN INVESTIGATION INTO THE MECHANISM OF ACTION OF BLEOMYCIN IN KELOID SCARS

Findlay MacAskill<sup>2</sup>, Nicholas Hole<sup>1</sup>, Andrew Owens<sup>1</sup>. <sup>1</sup> *Durham University, Durham, UK;* <sup>2</sup> *Newcastle University, Newcastle, Tyne and Wear, UK*

Keloid scars are a common hyperplastic response of fibroblasts that require a more effective treatment. Recent clinical work has suggested that bleomycin may be a candidate therapy. However, its mode of action remains unknown. Here, in vitro studies of three keloid lines derived from tissue samples were treated with bleomycin to investigate its mechanism of action in inducing arrest of tumour growth.

Bleomycin-induced apoptosis and cell cycle arrest were analysed by flow cytometry. Genotyping allowed identification of an allelic variant of a gene encoding for an enzyme that inactivates bleomycin, bleomycin hydrolase. Keloid 2, and to a lesser extent 3, were found to be sensitive to apoptosis. Both control and keloid 1 and 3 showed significant increases in G2 cell cycle arrest, with keloid 2 showing significantly less. In G1 arrest, both keloid 1 and 3, but not 2, showed very significant effects at low doses. Upon genotyping, these phenotypic differences between keloid lines corresponded to the allelic variant expressed.

These data suggest that bleomycin may act via apoptosis or cell cycle arrest in keloids, and that genotyping of the tumour may be a fruitful predictor of the mode of action and, potentially, clinical outcome.

#### 0725 CHARACTERIZING GALLSTONE DISEASE IN PATIENTS UNDERGOING A CHOLECYSTECTOMY AT NATIONAL UNIVERSITY HOSPITAL, SINGAPORE

Rachna Bajaj, Stephen Chang. *UCL Medical School, London, UK*

**Introduction:** Around 5500 cholecystectomies are carried out in Singapore annually. It is not known how the gallstone types (cholesterol, pigmented and mixed-pigmented) relate with age, gender and ethnicity of Singaporean patients.

**Methods:** Demographic data of the patients who had a cholecystectomy at National University Hospital Singapore from July-2008 to October-2010 was correlated with the above-mentioned gallstone types. Pearson chi-square tests and ANOVA were used for statistical analysis.

**Results:** Complete data was available for 530 patients. Gallstones in our institution are more likely to be pigmented (82%) than cholesterol (14%). Patients with cholesterol stones were not more likely to be female (Pearson chi square test statistic = 22.2, P= 0.00), and the gender distribution for other stone types was similar also. Cholesterol stones also showed a peak incidence in the age group 30–39, whilst patients with pigmented and mixed-pigmented stone types tended to be in their 6th decade (ANOVA and Bonferroni p<0.005). Malay and Chinese patients had similar distribution of gallstone types (Pearson chi square test statistic = 19.0, P= 0.04), whilst none of the Indian patients (n=29) had cholesterol stones.

**Conclusions:** Singaporean patients with cholesterol stones tend to be in their 4th decade. Ethnicity and gender do not influence the gallstone type.

#### 0733 POST-PROCEDURE IMAGING FOR HICKMAN LINE INSERTIONS: IS IT NECESSARY?

Simon Helyar, Madhusoodhana Hebbar, Umesh Parampalli, Mazin Sayegh, William Woods. *Worthing Hospital, Worthing, Sussex, UK*

**Aim:** Despite an increase in demand for Hickman line insertion, there are no NICE guidelines or evidence-based protocols in place with regard to peri-operative imaging of these patients. We conducted this study to